YOUTH SERVICES POLICY

Title: Accident and Injury (A&I) Evaluations Next Annual Review Date: 10/21/2012	Type: B. Classification, Sentencing and Service Functions Sub Type: 6. Medical/Mental Health Number: B.6.4
	Page 1 of 4
References: ACA Standards 2-CO-4E-01 (Administration of Correctional Agencies); 4-JCF-2A-19, 4-JCF-2A-21, 4-JCF-3C-16, 4-JCF-4B-01, 4-JCF-4C-06, 4-JCF-4C-32, and 4-JCF-6F-07 (Performance-Based Standards for Juvenile Correctional Facilities); YS Policies A.1.4 "Investigative Services," B.6.1 "Health	

STATUS: Approved

Care" OJJ/CCS C4 (Access to Care/Health Call), C.2.11 "Prison Rape Elimination

Approved By: Mary L. Livers, Deputy Secretary

Date of Approval: 10/21/2011

I. AUTHORITY:

Act (PREA)"

Deputy Secretary of Youth Services as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To provide a mechanism for documentation of accidents and injuries involving secure care youth and staff which allows for agency-wide consistency in practice and definition, and allows for continuity in tracking and trending.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Deputy Assistant Secretaries, Central Office Health Services Administrator, Facility Directors, and all contracted health care professionals delivering services to youth in the custody of Youth Services (YS) assigned to a secure care facility.

IV. DEFINITIONS:

Accident and Injury (A&I) Form – Form used by contracted health care provider staff to record history, physical and clinical assessment/findings, as well as type of injury, as a result of an alleged incident involving any youth in the custody of YS assigned to a secure care facility.

Assault - Any instance in which a youth or staff member is involved in a physical conflict with another individual(s), even if no one is injured.

Electronic Record Management Application (ERMA) - the electronic healthcare management database utilized by Correct Care Solutions (CCS), the contracted health care provider at the YS secure care facilities.

Horseplay - Rowdy or rough play in which all participants are willfully participating which may or may not result in injury.

Injury - Any instance in which a youth or staff member is hurt even if treatment is not provided. This includes minor injuries such as scratches or swellings, injuries from assaults/fights, accidental injuries from playing sports or other environmental hazards, and cases where a youth or staff member is injured during the application of restraints.

Use of Intervention - A use of force which involves the application of approved techniques or restraints (mechanical or physical) by a staff member to restrain a youth whose behavior is out of control, presenting an unsafe situation.

V. POLICY:

Contracted health care providers shall provide 24-hour access to healthcare for the evaluation of all injuries resulting from incidents while youth are in the custody of YS. Health care evaluations shall be documented on a standardized Accident and Incident (A&I) form for consistency and reporting purposes. Facility Directors shall ensure all A&I's are entered into the YS A&I database by designated facility staff within 24 hours of the medical examination, excluding weekends and holidays.

VI. PROCEDURES:

- A. Facility staff shall provide timely transport to the facility infirmary unless immediate response/first aid is needed at the site of the alleged injury, of any youth who:
 - 1. alleges injury;
 - 2. alleges sexual or physical abuse:
 - 3. alleges medical neglect;
 - 4. request a Declaration of Emergency;
 - 5. has been subject to physical or mechanical use of intervention;
 - 6. was involved in an altercation;
 - 7. was involved in a physical assault;
 - 8. inflicts intentional self injury;
 - 9. was involved in physical horseplay or aggression; or
 - 10. was involved in a sports or non-sports related accident.
- B. Staff involved in the use of physical or mechanical intervention against a youth; involved in an altercation with a youth; or who is the subject of an allegation of abuse by the youth, shall not take part in the transport of said youth to the infirmary.

- C. Facility staff transporting/escorting youth to the facility infirmary shall provide preliminary information for the evaluation, and then be excused in order for a **confidential** evaluation to be completed. However, at the request of health care staff, and/or in the case of a security/safety concern, a facility staff person may be requested to remain.
- D. The A&I evaluation is to be completed by a registered nurse, nurse practitioner, physician assistant, physician, or LPN. An A&I completed by an LPN must be cosigned by a nursing supervisor (must be an RN). The evaluation is done in private, out of direct hearing/sight of facility staff, health care staff's safety is not provided the ieopardized. Examination/evaluation is conducted as outlined in the A&I form with information gathered and documented on the same form.
- E. First aid shall be administered according to YS Policy B.6.1/CCS-C45 "First Aid Kits and AED".
- F. The medical staff performing the evaluation shall take a digital photograph of the youth's facial area for identification purposes, along with a photo of the area of alleged injury (no pictures of genital areas shall be photographed). Identifying information to accompany the photograph, either in the form of a tent card during the photograph or a label completed on the back of the photograph, shall contain the following:
 - 1. the youth's name:
 - 2. the youth's JETS number;
 - the date of evaluation;
 - 4. the time of evaluation; and
 - 5. the name of the person taking the photo.

The identifying information must accompany the A&I being forwarded to IS. Refer to Item #31 of Attachment B.6.4(a) for specific instructions.

All photographs shall be taken with a digital camera only. Polaroid's shall not be utilized for medical purposes.

G. The RN on duty shall call the appropriate clinician on site or on call (physician or nurse practitioner) for instructions in all cases in which the condition is serious or the indicated care exceeds the nurse's scope of practice or treatment protocols.

- H. If an allegation of physical, mental, or sexual abuse or neglect is made by a youth, and/or the youth's description of the incident and/or physical/objective findings of the evaluation lead the contracted health care provider to suspect child abuse and/or neglect, it shall be so indicated on the A&I form. Mandatory reporting shall take place in accordance with YS Policy C.4.3. Investigative Services (IS) shall also be contacted immediately via the IS Hotline at 1-800-626-1430.
- I. At BCCY and JCY, the A&I shall be recorded into the youth's electronic medical record, ERMA, by the contracted health care provider. A copy of the A&I shall be provided to the Facility Director and IS staff only, and shall be distributed within 24 hours of the evaluation (excluding weekends/holidays).
- J. At SCY, the original A&I shall be maintained in the youth's hard copy medical record by the contracted health care provider until such time that ERMA is fully operational. A copy of the A&I shall be provided to the Facility Director and IS staff only, and shall be distributed within 24 hours of the evaluation (excluding weekends/holidays).
- K. The Medical Director and/or Health Services Administrator shall review all A&Is for completeness and follow-up information, and notify the Facility Director and IS (if applicable) of any A&Is of particular concern.
- L. All injuries involving fractures, sutures, or that resulted in a youth remaining in the hospital or infirmary overnight, shall require the contracted health care provider complete an A&I Follow-Up Form be submitted to IS the following day.
- M. All A&I entries made by designated YS staff into the A&I database located on the OJJ server shall be in accordance with the instructions outlined in Attachment B.6.4 (a).
- N. Digital camera photos which accommodate the A&I when forwarded to IS, shall be deleted from the memory card/chips within 24 hours following submission in order to allow reuse of digital cards/chips by medical staff.

Previous Regulation/Policy Number: B.6.4
Previous Effective Date: 09/01/2010



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